OFFICE OF THE COUNTY COUNSEL



## COUNTY OF SANTA CRUZ

GOVERNMENT CENTER (408)454-2040 FAX(408)454-2115

> DWIGHT L. HERR COUNTY COUNSEL

DEBORAH STEEN SAMUEL TORRES, JR. CHIEF ASSISTANTS

## GOVERNMENT TORT CLAIM

HARRY A. OBERHELMANIII MARIE COSTA JANE M. SCOTT RAHN GARCIA TAMYRA CODE PAMELA FYFE **ELLEN LEWIS** KIMBASKETT LEE GULLIVER DANA McRAE

**ASSISTANTS** 

RECOMMENDED ACTION

Agenda August 11, 1998 To: The Board of Supervisors John Kunkle, No. 899-013 Re: Claim of Original Document and associated materials are on file at the Clerk to the Board of Supervisors, In regard to the above-referenced claim, this is to recommend that the Board take the following action: X 1. Deny the claim of John Kunkle, No. 899-013 and refer to County Counsel. Deny 2 the application to file a late claim on behalf of \_\_\_\_\_ and refer to County Counsel. Grant 3the application to file a late claim on behalf of \_\_\_\_\_ and refer to County Counsel. <u>4. Approve the claim of \_\_\_\_\_\_</u> amount of \_\_\_\_\_ and reject it as to the balance, if any, and refer to County Counsel. 5. Reject the claim of \_\_\_\_\_ insufficiently filed and refer to County Counsel. RISK MANAGEMENT COUNTY COUNSEL John Fantham, Director CC: Department of Public Works LTR9.WPT

PER 5 107 Rev. 4 / 97

21 25 20 27 2

## TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center 701 Ocean Street, Santa Cruz, CA 95060

Claimant's Name: JOHN KUNKLE	Va.	AND COLD	348
Address: 3211 Frienry Drive	*	(श्रामान्य)	: <b>Y</b> 2
SOOVEL CA. 5:5003			
Phone No: (408) 684-1522			
P.O. Box to which notices are to be sent: 120 Moest nero Dive	APTOS	la 95	003
Occurrence: FOUNTY THE CRASHED THAON	177 17661	C DETT	ROY.
Date: 1/6/98 Place: 3711 Fringry DAIVES	OCUPT C	NC EVI	CTION
Circumstances of occurrence or transaction giving rise to claim:	TY TREE	OVER	onow.
MO IMPRIPERLY MANIMINED FELL ONTO HOUS	SC EN	ON OF A.	nc
OCCUPANTS, AND DESTROYING PERSONAL PROPERTY	,		
EVICTION DUE TO UNIATE HABITATION.	<u>,</u>		
General description of indebtedness, obligation, injury, damage or loss incurr	red so far as is	מייסתל ייסם:	
From HANKET VALUE OF PROPERTY DETINEYED A	17409 00	( ost , ~	COME
Mosine expensed # 1150 00 TEMPORMY HOWING A	400 = LA	~OCCAP A	17/18UN
NUE \$ 3870 to ADDITION RENTIN COUTS FOR ONE YE	ETTE MOVE	PEGG A	3060
Name(s) of public employee(s) causing injury, damage or loss, if known:	COUNTY OF	= SANTA	Cauz
DETT. OF PURCE WORKS/MINTENTINE, Policy MAKERS			
Amount claimed now	S	<u> 28869 (</u>	<u>:c</u>
Estimated amount of future loss, if known	ENTENT)	7	
TC	OTAL \$	7	
Basis for above computations: ACTUAL ON ESTIMATED ETPEN	VSET		
If the amount claimed is over 510,000, indicate the court of jurisdiction:			
Municipal Court		Su	perior Co
CLAIMANT'S SIGNATURE:			
Note: Claim must be presented to Clerk, Board of Supervisors, within six (6 the injury.	6) months after	the act which	n occasio
Americans with Disabilities Act questions or requests for accommodations at 454-2962 (TDD 454-2 123).	may be directe	d to the ADA	Coordina